



NOV 13 2002 12:22PM LERNERDAVID

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NO.695 P.2

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
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CURRENT CORRESPONDENCE ADDRESS (PLEASE CAPS; NUMBER WITH ANY COUNTRY CODE FIRST)

000530 7590 09/10/2002  
LERNER, DAVID, LITTENBERG,  
KRUMHOLZ & MENTLIK  
600 SOUTH AVENUE WEST  
WESTFIELD, NJ 07090

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/406,530	09/27/1999	ODD N. ODDSEN JR.	3757.3004	1717

TITLE OF INVENTION: FILTER FOR POSITIONING ELECTRONIC DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
conventional	YES	\$640	\$0	\$640	12/10/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
COTTINGHAM, JOHN R	3679	403-110000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

LERNER, DAVID, LITTENBERG,  
KRUMHOLZ & MENTLIK, LLP  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Innovative Office Products, Inc.

Easton, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

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(Date)

11/13/02

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**FACSIMILE TRANSMISSION**

**ATTORNEY DOCKET NO.: INNOFF 3.0-008**

**APPLICATION NO.: 09/408,530**

**CONFIRMATION NO.: 1717**

**MAILING DATE OF NOTICE OF ALLOWANCE: September 10, 2002**

**FAX NUMBER: (703) 746-4000**

**PAGES INCLUDING COVER SHEET: 2**

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on November 13, 2002  
Date

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Arnold H. Krumholz; Reg. No. 26,428

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